



### Preschool Enrollment Contract

It is my desire to have my child/children enrolled in the Preschool Program at Onsted Community Preschool. This program will follow the 2017-2018 Onsted Community Schools Parent and Student Policy Handbook posted on the website. I also understand that my child is being accepted on a two week trial basis. During this time, the staff will make observations and evaluations pertaining to the child's ability to adapt to the preschool surroundings. Unless otherwise notified, the child/children will be accepted and permanently enrolled. I further understand that if the policies outlined in this handbook were not adhered to, it would be sufficient cause for the removal of the child/children from the Preschool program.

\_\_\_\_\_ **Please initial** that the above information has been read and reviewed by the parent signing below.

**Please indicate which schedule you plan on for your child:**

\_\_\_\_\_ A.M. Preschool hours are from 7:45 a.m. to 11:05 a.m.

\_\_\_\_\_ P.M. Preschool hours are from 12:00 p.m. to 3:05 p.m.

\_\_\_\_\_ Full day; hours are 7:45 to 3:05 p.m.

**Please initial each item indicating you understand and agree to the financial portion of the agreement and policies of the preschool program.**

\_\_\_\_\_ I understand that I must provide a completed immunization record, physical form and proof of birth certificate prior to the first day of school.

\_\_\_\_\_ I understand that I am contracting for school year only arrangements.

\_\_\_\_\_ \$50 registration fee, includes a child's t-shirt. Fee can be refunded only through August 4, 2017 if you need to withdraw. A bank fee will be charged for any returned check. Check # \_\_\_\_\_

\_\_\_\_\_ Preschool fees (half day) are \$10 per day.

\_\_\_\_\_ Preschool fees (full day) are \$25 per day.

\_\_\_\_\_ Siblings will receive a 15% discount from their tuition.

\_\_\_\_\_ Tuition will be paid monthly or weekly. Children will not be able to attend if tuition is not paid on time

\_\_\_\_\_ I will be responsible for all tuition and any other fees that are charged to my account.

\_\_\_\_\_ I have contracted for **(circle)** FULL TIME or PART TIME **(circle days)** (M, T, W, Th, F)

\_\_\_\_\_ Tuition late fees are \$5.00 per day and may result in child being dismissed from the program if it becomes a reoccurring issue.

\_\_\_\_\_ I also agree to give a minimum of two weeks written notice (ten full school days) of my intent to withdraw my child/children from the program. If a two week notice is not given, I agree to make full tuition payment for the final two weeks.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Onsted Community Schools Superintendent

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Office Use Only: Child received t-shirt on \_\_\_\_\_

8.27.17 MD